

National Grange Mutual

55 West St.
P.O. Box 2300
Keene, NH 03431
800-258-5340 (outside of NH)
800-5425396 (from NH)

Date: 1-18-02

To: James McVey
City of Springfield
36 Court Street
Springfield, MA 01103

RE: Insured: Engineering Design Associates
Policy#: BPT 63661
Date of Loss: 12-31-01 Water Main break
Amount paid: Pending
Location of Loss: 969 Main Street
Springfield, Ma. 01103

This will serve as a notice of our subrogation rights arising from payment of a claim made as a direct result of the occurrence above described. The amount of damages sustained by our insured, as shown above, includes both our loss payment and our insured's deductible.

Our investigation of this occurrence reveals that you were responsible for this damage. We are, therefore, looking to you for reimbursement.

If you are insured, we suggest that you turn this letter over to your insurance company. In the event that you are not insured, we suggest you contact our Recovery Department immediately at 1-603-352-4000 ext 1411.

Sincerely,

Sharon Roy (M & H)

Sharon Roy-Home Office Subrogation

Please furnish any specific forms you may require for the submission of our claim against the Municipality.

PHILADELPHIA
ATLANTA
CHARLOTTE
CHERRY HILL
CHICAGO
DALLAS
LAS VEGAS
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A PROFESSIONAL CORPORATION

1900 MARKET STREET PHILADELPHIA, PA 19103-3508 215.665.2000 800.523.2900 215.665.2013 FAX www.cozen.com

Sean P. O'Donnell
Direct Phone 215.665.2089
Direct Fax 215.701.2089
SODONNELL@COZEN.COM

January 30, 2002

(VIA CERTIFIED/REGULAR MAIL)

Honorable Michael J. Albano
Mayor, City of Springfield
City Hall
36 Court Street
Springfield, MA 01103

Re: Insured: Engineering Design Associates
969 Main Street
Springfield, MA 01103
Policy No.: BPJ63661
Date of Loss: 12/31/01 (Water Main Break)
Our File No.: 120638

Dear Mayor Albano:

Please be advised that this firm was retained by National Grange Mutual Insurance Company to represent its subrogation interest arising out of the above-captioned water loss. As you know, on or about December 31, 2001, a City of Springfield water main burst causing extensive flooding in downtown Springfield. As a result of this flooding, National Grange's insured, Engineering Design Associates, sustained severe and extensive damage to its property and business. National Grange expects to pay its insured in excess of \$150,000.00 to repair and replace its damaged property, and for extra expense and lost business income.

This letter shall serve to provide formal notice of National Grange's subrogation claim against the City of Springfield and the City of Springfield Water and Sewer Commission for reimbursement of any amounts paid to Engineering Design Associates as a result of this flood.

Please contact me, or have the appropriate City representative contact me upon receipt of this letter so that we may discuss an amicable resolution to this claim. I will forward documentation in support of National Grange's claim as soon as I receive it from my client.

January 30, 2002

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Thanking you for your anticipated cooperation in this matter, I am

Very truly yours,

COZEN O'CONNOR

A handwritten signature in dark ink, appearing to read "Sean P. O'Donnell", followed by a horizontal line and a small flourish.

BY: SEAN P. O'DONNELL

SPO'D/slw

P.S. Enclosed please find a copy of a letter dated January 18, 2002 from National Grange to James McVeigh providing the City of Springfield with initial notice of this claim.

cc: Peter Fenton
City Solicitor
City of Springfield
36 Court Street
Springfield, MA 01103
(Certified/Regular Mail)

James McVeigh
Claim Investigator
City Solicitor's Office
City of Springfield
36 Court Street
Springfield, MA 01103
(Certified/Regular Mail)

Springfield Water and Sewer Commission
P.O. Box 995
Springfield, MA 01195
Attention: Claims Department

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Peter Fenton
City Solicitor
City of Springfield
36 Court Street
Springfield, MA*

01103

2. Article Number (Copy from service label)

7000 1670 0004 8232 7489

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Jlt☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*James McVeigh
Claim Investigator
City Solicitor's Office
City of Springfield
36 Court Street
Springfield, MA*

01103

2. Article Number (Copy from service label)

7000 1670 0004 8232 7470

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2-4-02

C. Signature

X

Jlt☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor Michael J. Albano
City of Springfield
City Hall
30 Court Street
Springfield, MA 01103

2. Article Number (Copy from service label)

PS Form 3811, Jan 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly)

B. Date of Delivery

2-4-02

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

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